**INDEX OF CLAIMS** 

ID NO.

INITIALS

Rejected

......Allowed (Through numeral)... Canceled

..... Restricted

POSITION

RESPONSE FORMALITY REVIEW

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW

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(3) (3) (3)

Date Claim Claim Date Date Final Original Final Original 

..... Non-elected

..... Objected

......Interference

DATE

If more than 150 claims or 10 actions staple additional sheet here